Patient-Centered Medical Home and the Future of Medical Care in Montana

A series of Webinars for the Primary Care Providers of Montana created and presented by the Primary Care Providers of Montana

Monica J. Lindeen
CSI
Montana Commissioner of Securities & Insurance

Montana Commissioner of Securities and Insurance

The Commissioner of Securities and Insurance (CSI) is a watchdog for the citizens of Montana in the insurance and securities industries.

Call 1-800-332-6148 or email csi@mt.gov.

Visit www.csi.mt.gov

Monica J. Lindeen
CSI
Montana Commissioner of Securities & Insurance

Patient-Centered Medical Home Advisory Council

- An initial stakeholder group was convened through DPHHS in 2009, I reformed the group into an official state advisory council to provide guidance on advancing development of PCMH in Montana.
  - 25 members: Payers, Providers, Consumers, Interested Parties;
  - 100 on the mailing list
- Completed Work Products:
  - Definition
  - Standards for Recognition
  - Framework for Payment
  - Quality Metrics for Performance Measurement
- On-going Work:
  - Education & Advocacy
  - Enabling Legislation for sustainability

Monica J. Lindeen
CSI
Montana Commissioner of Securities & Insurance

Montana's Definition for Patient-Centered Medical Homes

"In Montana, a patient centered medical home is health care directed by primary care providers offering family centered, culturally effective care that is coordinated, comprehensive, continuous, and, when possible, in the patient's community and integrated across systems. Health care is characterized by enhanced access, an emphasis on prevention, and improved health outcomes and satisfaction. Primary care providers receive payment that recognizes the value of medical home services."

Monica J. Lindeen
CSI

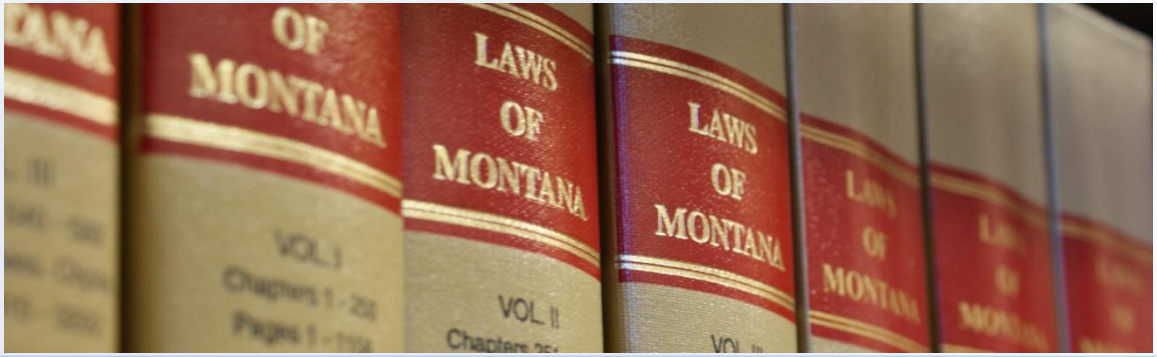
The PCMH Initiative Under the CSI

- As chief insurance regulator, the CSI can bring private health insurance companies to the table
- The CSI has met with domestic health insurance carriers to discuss the PCMH initiative and ask for their continued involvement
- I am committed to working with insurers toward implementation of a reformed payment framework for PCMH
- Today, I am happy to welcome representatives from Medicaid, BCBS, Allegiance, and the Co-op speak to their support for PCMH

Monica J. Lindeen
CSI

Legal Issues

- Federal and state anti-trust laws prohibit collusion between insurers on prices
- Anti-trust laws maintain competition and benefit consumers through lower prices, more choices, and greater innovation
- The PCMH model, however, requires insurers to agree on a collaborative approach to payment
- The advisory council recommended legislation for 2013 to exempt the Montana PCMH program from anti-trust laws



Monica J. Lindeen
CSI

PCMH Bill Draft

The advisory council's recommended legislation would:

- Authorize the creation of a PCMH program in Montana
- Establish a 9-member governing commission under the supervision of the CSI
  - Commission would include representatives of health plans, consumer advocates and primary care
- Codify the definition of PCMH
- Allow the commission to recognize patient-centered medical homes that meet standards the commission develops

Monica J. Lindeen
CSI

Dr. Douglas Carr

- F. Douglas Carr, M.D., MMM, currently serves as Medical Director, Education and Systems Initiatives, providing physician leadership for Billings Clinic in CME/GME, telemedicine and process improvement projects that span the organization. (His previous role for 6 years included operations in primary care, medical specialty departments and regional clinic/operations.) He was the physician lead of the project team tasked with the CMS Physician Group Practice Demonstration (now Transition Demonstration.)
- Dr. Carr chairs the PCMH Advisory Council.

Characteristics of a medical home

- Takes accountability for the health of a patient population (panel) and provides
  - Comprehensive primary care services
  - Care coordination and follow-up (chronic diseases)
  - Long term care continuity
- Measures and improves
  - Access to care
  - Population health (quality)
  - Patient satisfaction
- Requires changes in delivery system
  - Team approach to health care
  - Includes activities not recognized by current FFS system

Monica J. Lindeen
CSI

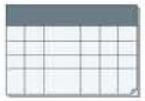
Defining the Medical Home

The Medical Home Model

Primary Care Practice

Comprehensive Care

Patient Engagement



Enhanced Access

Coordinated Care

Team of Providers

Non-physician providers support medical home's ability to provide additional services

Disease Registry

Provides patient metric data to track and monitor patients for improved management

Montana Standard for Recognition as a PCMH

National Committee for Quality Assurance

NCQA Recognition

Allow 2008 level 1 standard until Jan 2013

By Jan 2013 Require

- Level 2 or 3 of the 2008 Standard
- Level 1 or 2 or 3 of the 2011 Standard

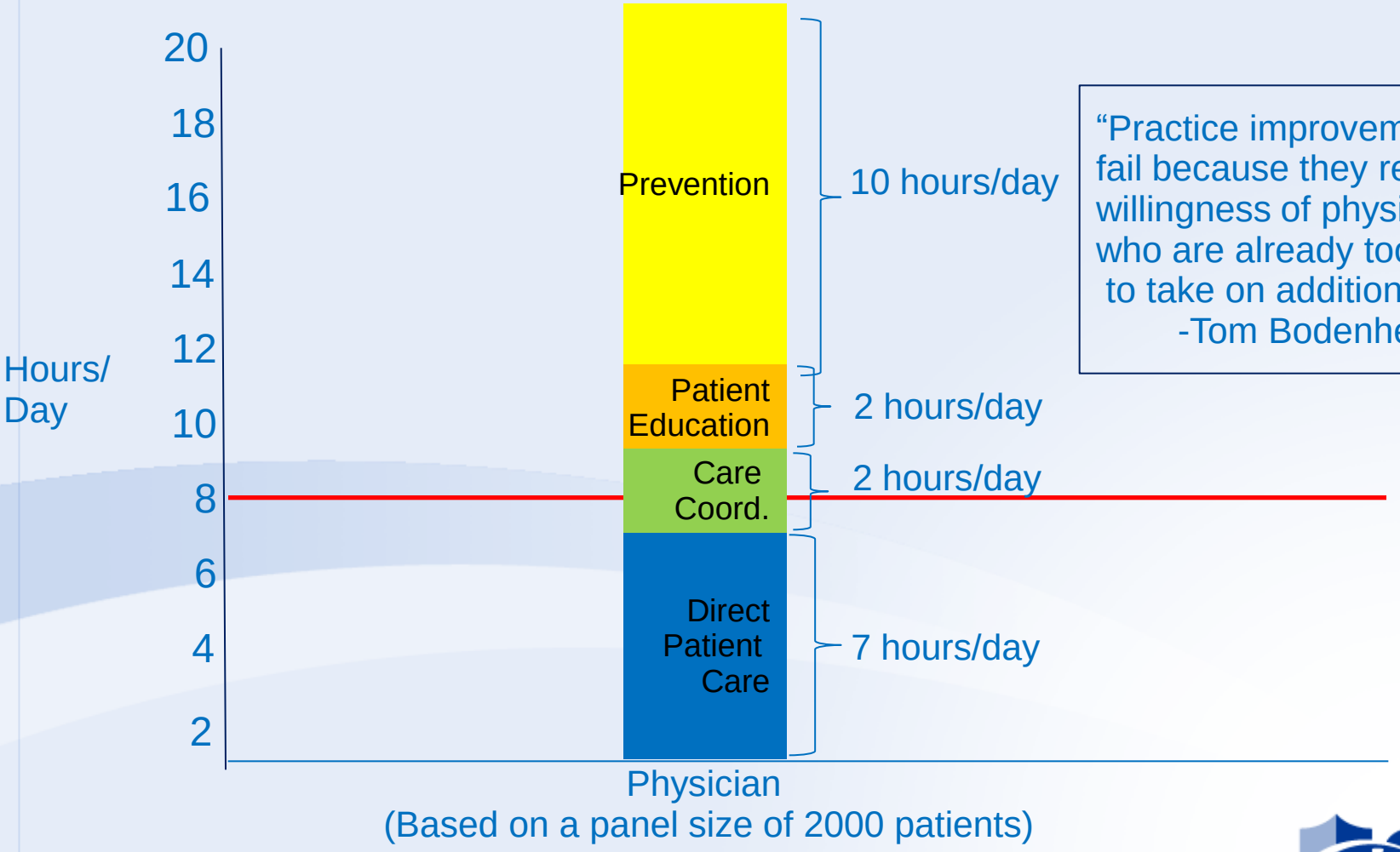
There are currently 66 NCQA PCMH recognized medical providers in Montana and 14 recognized practices

Monica J. Lindeen
CSI

System Changes for Quality

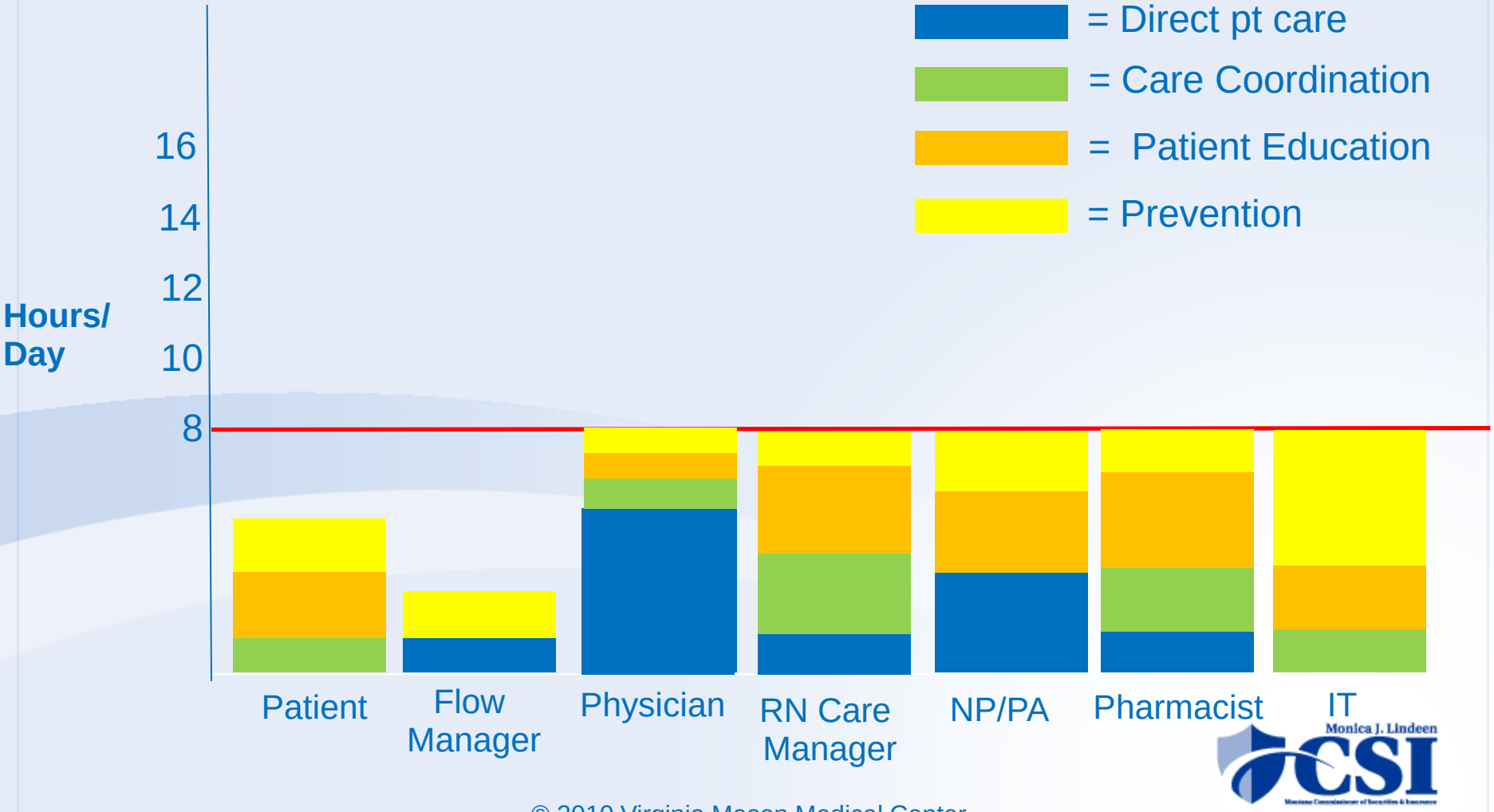
- EMRs and Registries
- Quality Reports
- Patient follow up
  - Lab
  - X-ray
  - Consultations
  - Immunizations
- Medication Management
- Care Coordination

Without a team and a system, the burden of delivering safe care is virtually impossible



"Practice improvements often fail because they rely on the willingness of physicians, who are already too busy, to take on additional work."
-Tom Bodenheimer

A Better Model of Care…



Simplified Primary Care Home

Payment Models

Or, do I get paid for this extra work and investment?

Payment Models Used In Other Pilots in the US

- Council looked at payment methodologies used around the US
- No established best approach
- Looked at complexity based approaches
  - Risk adjusted payments by patient
- Looked at Shared savings approach
  - Calculate the estimated cost of a population prior to intervention then share the estimated savings

Monica J. Lindeen
CSI

The Reformed Framework for Payment will

- Incentivize providers to invest in the infrastructure of the PCMH
- Reduce total cost of care (TCOC) for sustainable payer support
- Improve care coordination for chronic diseases
- Implement easily
- Measure and improve quality outcomes
- Engage patients, providers and payers in education and promotion of the PCMH model

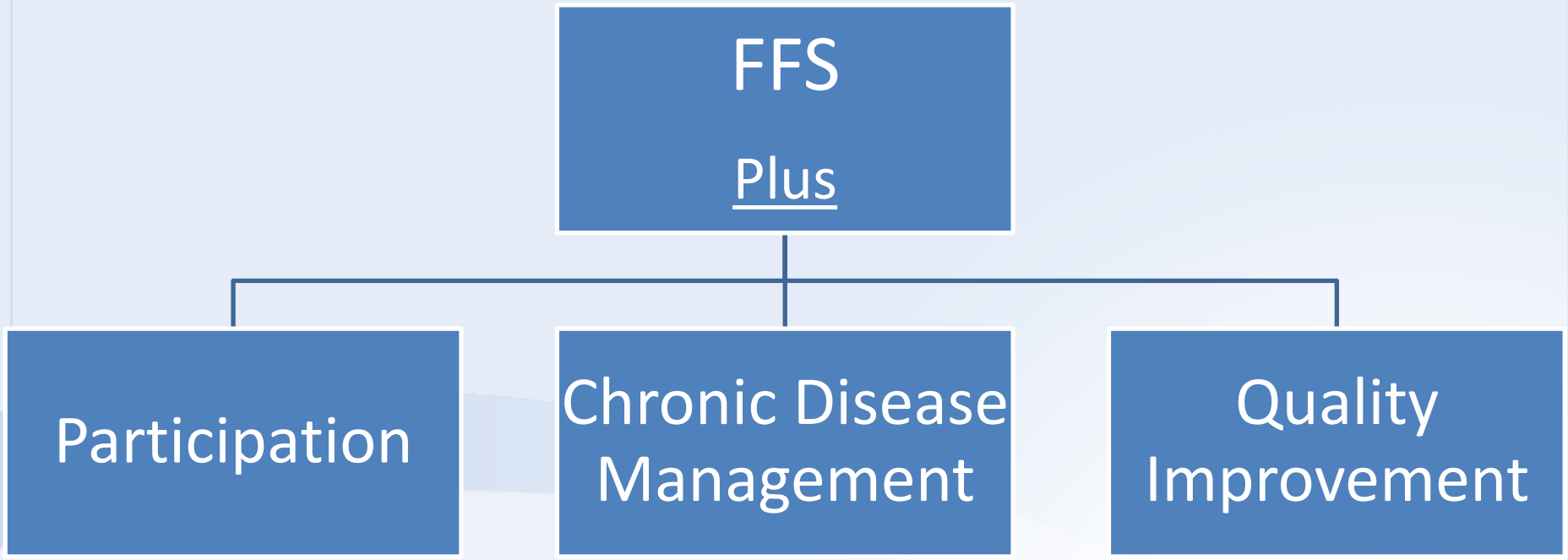
Montana Payment Model

1. Fee for Service
2. Per Member Per Month
3. Care Management
4. Quality Bonus

Monica J. Lindeen
CSI
Montana Commissioner of Securities & Insurance

Fee for Service

- No change in current Payments
- No Penalties
- Continue with At LEAST current income stream


FFS
Plus
Participation
Chronic Disease Management
Quality Improvement

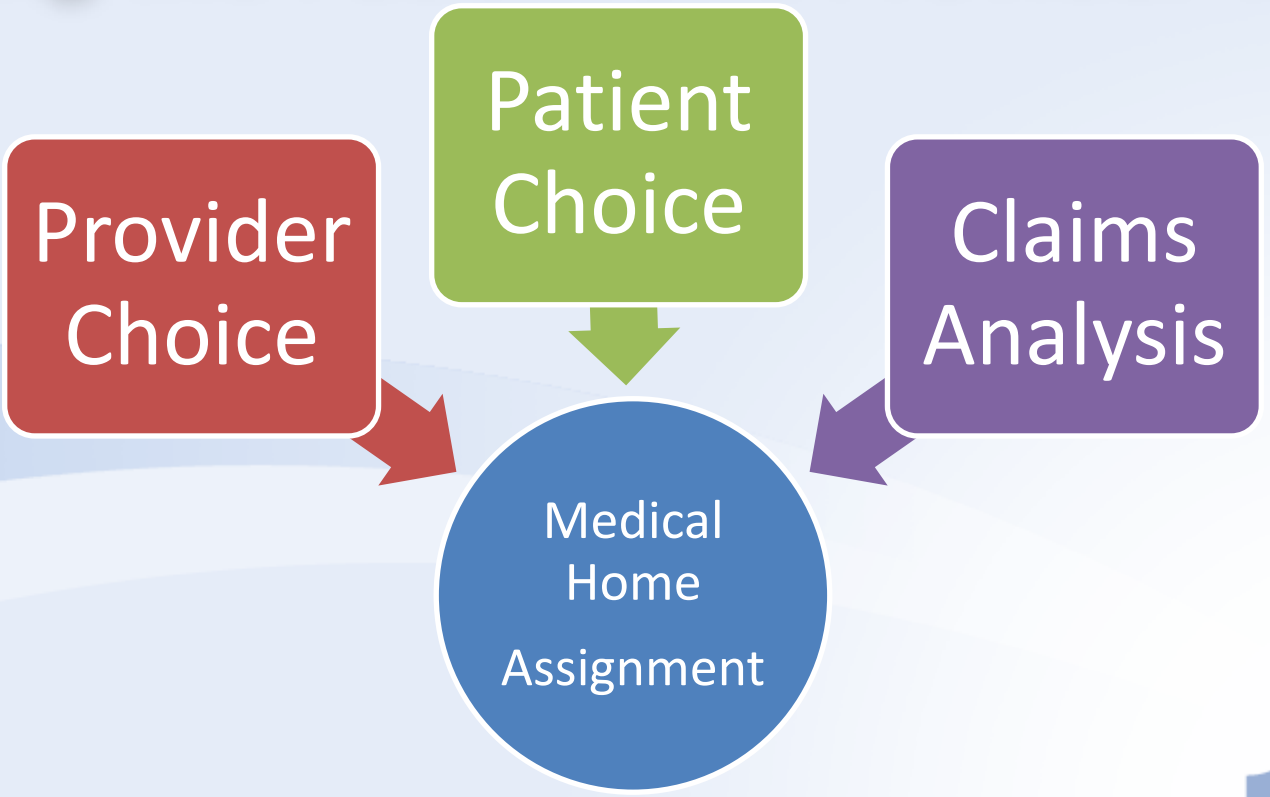
Participation

Per Member Per Month

- Attribution
  - Which patients are attributed to which providers?
    - Essential for quality measurements and outreach efforts
    - Important for preventive care improvements
  - Preferred: Patient choice at time of enrollment by payer
    - Member education
    - Change providers but must notify payer and abide by payer rules
  - Not all patients or insured groups will participate
    - Voluntary system
- Secondary Attribution based on Claims

Per Member Per Month Attribution

Linking the Patient and Provider Team



Chronic Care Management

- Patient Registries and Patient identification
- Special attention to Out of Compliance Patients
- Care Coordination, early intervention and access to reduce ER and Hospitalizations
- Referral Tracking
- Laboratory Tracking and result reporting

Qualifying for CDM Payment

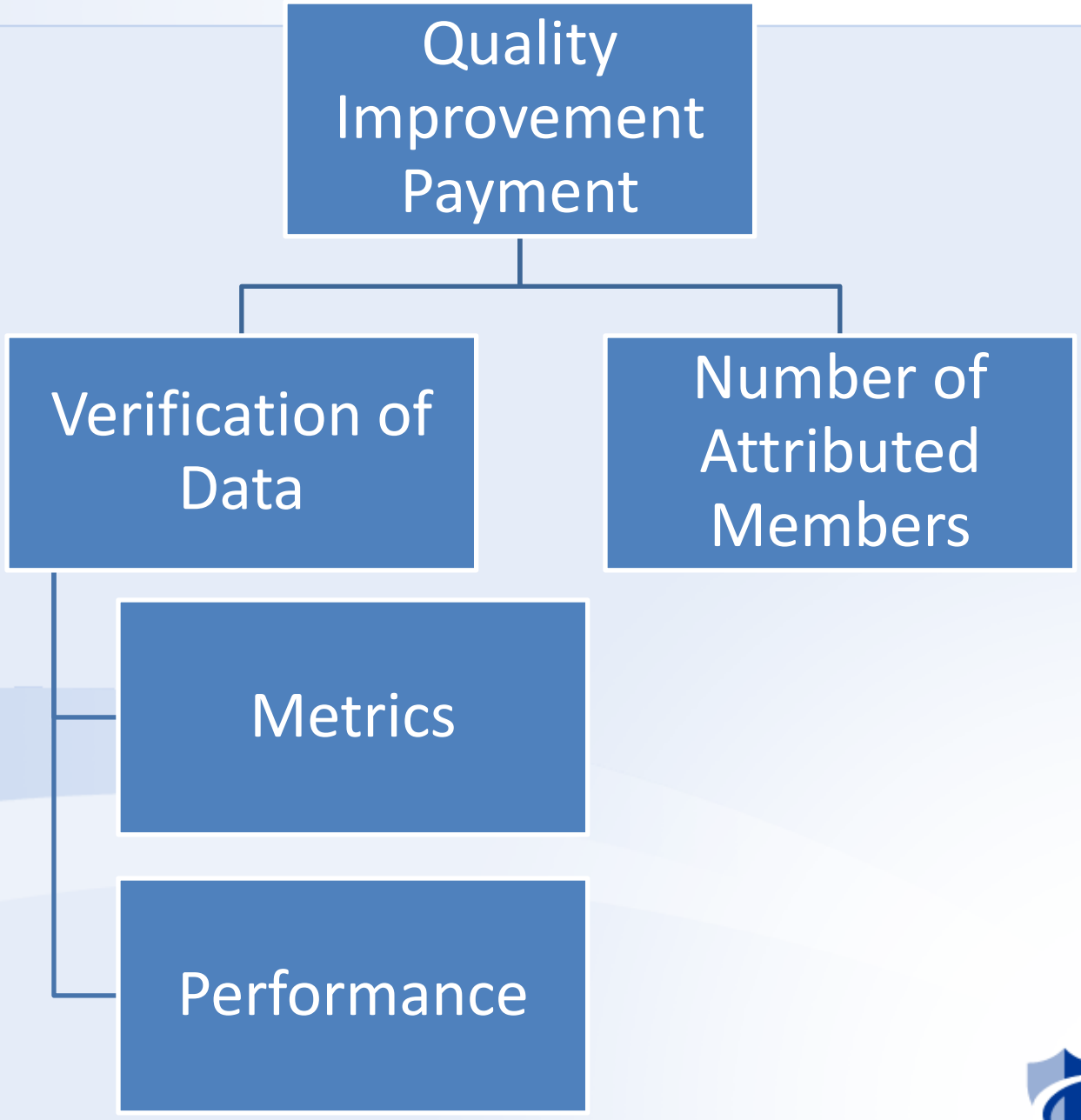
Asthma	Hypertension	Chronic Obstructive Pulmonary Disease
Diabetes Mellitus	Heart Failure	Coronary Artery Disease

Aligns support of increased management with conditions that incur higher costs.
Acts as a simple risk adjustment tool.

Monica J. Lindeen
CSI

Quality Bonus

- Future Webinar dealing specifically with this
  - Thursday, May 31 at Noon
- Standardized reporting and analysis
  - Statewide
  - Credible and Accountable
  - Statistically valid
- Based on Evidence based Best Practices
- Target for bonuses to be set by Advisory Council or governing body.


Quality Improvement Payment
Verification of Data
Number of Attributed Members
Metrics
Performance

Health Share Montana

- Data Repository
- Quality Reporting
- EMR “Lite”
- Voted on by majority of Montana Physicians
- Platform used in Vermont for data/reports
- www.healthsharemontana.org

PCMH Goals for Montana

- Increase the efficiency of the health care delivery system to ease the work load on providers
- Build a robust primary care structure for Montana that attracts new providers to rural areas
- Providers will get more time with patients and be able to practice without feeling so burned out
- The delivery of care is dispersed throughout a team, communication is streamlined through technology, and patients are more informed and proactive in their health – all of this means overall improved health for whole communities with medical homes

Monica J. Lindeen
CSI

BCBSMT Support for PCMH

Dr. Fred Olson, Chief Medical Officer

BCBSMT support for developing PCMHs in MT:

- In 2009, Billings Clinic and Western Montana Clinic agreed to begin a PCMH pilot program with BCBSMT.
- Pilot program "lessons learned":
  - Need for a technology platform to create registry, identify gaps in care, and to perform reporting closer to "real time".
  - Add preventative care monitoring.
  - Change the payment method: Participation, chronic disease care, and quality improvement.
- In 2011: Added 5 more provider groups; total 225 PCPs.
- In 2012:
  - Contracting with HealthShare Montana to develop the technology platform.
  - Implement the Advisory Council's payment method.
  - Formal contract with the PCMH

Monica J. Lindeen CSI

Montana Medicaid Passport to Health

John Hoffland - Passport to Health Program Officer
406-444-0991 jhoffland@mt.gov

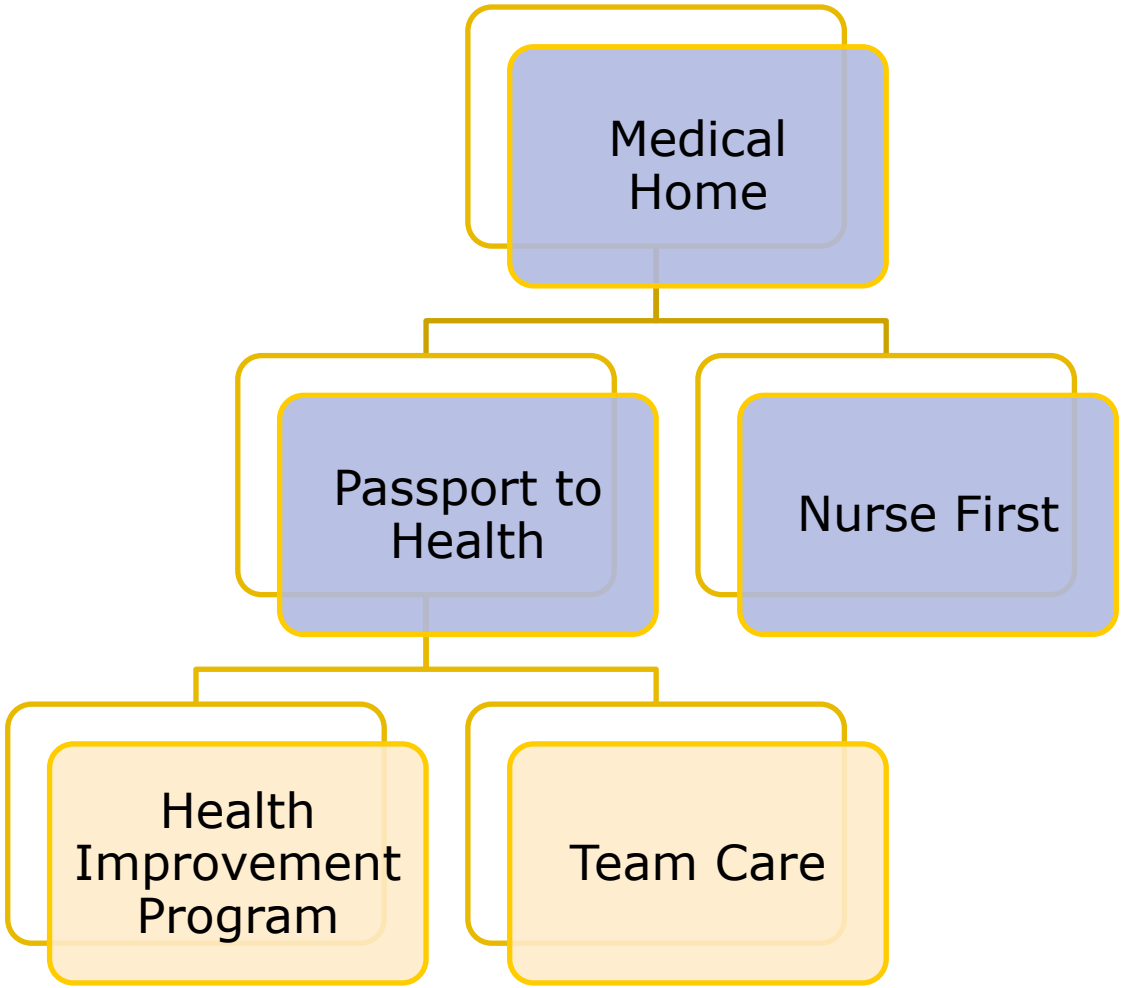
Passport to Health is the Montana Medicaid/HMK *Plus* patient-centered medical home program

- **Mission Statement**: Our mission is to manage the delivery of health care to people with Medicaid/HMK *Plus* in order to improve quality and access while minimizing the use of health care resources.

Tools to Establish a Medical Home

- ✓ Clients choose one provider
- ✓ $3 per member per month case management (Participation) fee
- ✓ Monthly client lists
- ✓ Provider helpline: (800) 624-3958
- ✓ Passport Provider Handbook
- ✓ Provider website www.mtmedicaid.org
- ✓ Faxed triage report from Nurse First

How do we manage patient care?



Montana Medicaid Participation

- ✓ NASHP technical assistance grant to start medical home process
- ✓ Medical home advisory council
- ✓ Discussions to change current pmpm payment
  - Tiered reimbursement based on PCMH recognition standards
  - Client access in rural areas must be maintained
- ✓ Updating Healthy Measures

Federal Legislation for CO-Ops

Dr. Tom Roberts

The Affordable Care Act (Section 1322) CO-OP program to foster the creation of new consumer-governed nonprofit health plans.

To encourage the establishment of a CO-OP in each State, the program provides $3.4 (6.6, 3.8) billion in funding to capitalize eligible prospective CO-OPs.

The CO-OP program will provide Start-up Loans and Solvency Loans to eligible nonprofit organizations.

Governance and non-Profit

- Every member of the CO-OP's Board of Directors must be elected by a majority vote of CO-OP members.
- A majority of the Board of Directors must be members of the CO-OP.
- Surplus revenue must be used to: Lower premiums; Improve benefits; Improve the quality of health care
- Repay loans awarded by the CO-OP program

CO-OPs Continued

Primary Care emphasis

High value specialty and hospital treatment

Wellness

Disease management

Coordination of care for high users

- 5% use 50% of services
- 10% use 65-70% of service

Pharmacy Benefits management

Efficient Plan Administration

Monica J. Lindeen
CSI
Montana Commissioner of Securities & Insurance

Allegiance

Todd Y. Lovshin, Vice President

Allegiance Family of Companies:

Allegiance Benefit Plan Management, Inc.

Allegiance Life & Health Insurance Company, Inc.

We fully support the development of PCMH in Montana.

- We are in the early stages of developing PCMH with providers in key market areas
- Discussions have progressed to discuss gaps in care, incentives, tracking, etc.

EBMS - Employee Benefit Management Services

Kirsten Mailloux, Vice President – IS & Provider Services

•EBMS is a Third Party Administrator. We work with self-funded, employer-sponsored, benefit plans.

•We are in full support of the PCMH concept and are interested in collaborating towards higher quality, more cost effective delivery of care in the state of Montana.

•We believe that quality of care should directly correlate with the reimbursement methodology and that there may be multiple, fair and reasonable, strategies to get there.

Next Webinar

- Webinar #5 - Quality Metrics, benchmarks the council is considering for measuring performance – May 31st at noon

Resources

- CSI *800-332-6148*
  - www.csi.mt.gov
- Regional Extension Center (REC) *406-457-5888*
  - www.healthtechnologyservice.com
- Mountain Pacific Quality Health *406-443-4020*
  - www.mpqhf.org
- Health Share MT *406-794-0170*
  - www.healthsharemontana.org
- NCQA *202-955-5128*
  - www.ncqa.org

Monica J. Lindeen
CSI

Thank you for joining the webinar today! Questions?

Contact Info

Amanda Eby 406-444-4613

aeby@mt.gov

Dr. Douglas Carr 406-238-5140

dcarr@billingsclinic.org

Monica J. Lindeen
CSI
Montana Commissioner of Securities & Insurance